



George C. Marshall Space Flight Center
INDEPENDENT ASSESSMENT FINDING



SECTION 1

1. FINDING NUMBER:		2. DATE GENERATED:	
3. FINDING TITLE:			
4. AUTHOR:		5. PHONE:	
6. APPLICABLE PROGRAM: <input type="checkbox"/> ISS <input type="checkbox"/> SSP <input type="checkbox"/> SLI <input type="checkbox"/> OTHER: _____			
7. APPLICABLE PROJECT:			
8. REQUIRES PROGRAM OR PROJECT RESPONSE: <input type="checkbox"/> YES <input type="checkbox"/> NO			
9. PROGRAM POINT OF CONTACT:		10. PHONE:	

SECTION 2

11. PROGRAM OR PROJECT RESPONSE:			
12. ACCEPT FINDING: <input type="checkbox"/>	13. REJECT FINDING: <input type="checkbox"/>	14. RESPONSE DATE:	15. EXPECTED COMPLETION DATE:

SECTION 3

16. REQUIREMENT(S) / RATIONALE:	
17. FINDING:	
18. IA RECOMMENDATION:	
19. PROGRAM RESPONSE AND CLOSURE ACTION:	
20. FINDING IMPACT:	21. FINDING CAUSE:
22. OTHER:	23. OTHER:

SECTION 4

24. FINDING STATUS: <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	
25. IA CLOSURE RATIONALE:	
26. IA CLOSURE:	
27. IA SUPERVISOR:	DATE:
28. QS40 CONCURRENCE:	DATE: